## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # L31607

(9)

ALLPOINTS NATIONAL MOVING & STORAGE, INC.

Principal Place of Business Mailing Address  120 SW 5TH COURT 120 SW 5TH COURT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-7910 US US						
VV		•		3. Date Incorporated or Qualified 11/20/1989	3a. Date of Last Report 06/13/1996	
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21 Suite, Apt. #, elc		26   Suite, Apt. #, etc.		65-0179154	Not Applicable   \$8.75 Additional	
22		27	'		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23	Country	7ip	Country	Trust Fund Contribution	Added to Fees	
Ζιρ <b>24</b> ]	25	29	30	This corporation has tiability for Florida Statutes	Intangible tax under s. 199.032,  Yes D No	
	g, Name and Address of Cur		1001	10. Name and Address of New Ri		
FERI	rari, al		81 Name			
	SW 5TH COURT		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
PON	IPANO BEACH FL 33060		83			
			94 65		lac   Zin Codo	
			84 City		FL 85 Zip Code	
SIGNATURE  12.	mitar eliar with, and accept the of Spaces and accept the of OFFICERS.	V	OTE Registered Agent signature i	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition	
NAME	FERRARI, AL	bear	1.2 NAME		Em onerige Em resultan	
SHREET ADDRESS	120 SW 5TH COURT		1.3 STREET ADDRESS			
C/FY+S + 7IP	PAMPANO BEACH FL	T DOLFTS	1.4 CITY-ST-ZIP			
TITLE	VT EEDDADI DONNA	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition	
NAME STREET ADDRESS	FERRARI, DONNA 12 <b>0</b> SW 5TH COURT		2.2 NAME 2.3 STREET ADDRESS			
City \$1-Zif	POMPANO BEACH FL		2.4 CITY - ST - ZIP	,		
TOLE		☐ DELETE	3.1 TITLE		Charvge Addition	
HAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CDY-ST-ZIP TITLE		DELETE	34. City-St-ZiP		Change Addition	
NAME		First Octob	4. 2 NAME		E Vialige E ravillon	
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST ZIP			4.4 CITY-ST-ZIP			
TOLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS.			5.3 STREET ADDRESS			
C(14 - 21 - 51P		11 85.255	5.4 CITY - ST - ZIP			
11"1.6		L DELETE	61 TITLE	•	Change Addition	
NAME			6 2 NAME			
STREET ADORESS			6.3 STREET ADDRESS	•		
30Y St 26	w coulds that the information sees	alied with this filme does not our	6.4 CITY-ST-ZIP	ated in Section 119.07(3)(i). Florida Statute	es. I further certify that the	
informatio Lam an o	in indicated on this annual report	or supplemental annual report is cor the receiver or trustee empore	s true and accurate and owered to execute this re	that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as if made under oath; that	

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR